

DOCUMENT RESUME

ED 263 470

CG 018 626

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TITLE Children's Suicidal Thinking: An Empirical Inquiry.
SPONS AGENCY Texas Univ., Austin. Hogg Foundation for Mental Health.
PUB DATE Aug 85
NOTE 23p.; Paper presented at the Annual Convention of the American Psychological Association (93rd, Los Angeles, CA, August 23-27, 1985).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)
EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Adolescents; *Children; *Cognitive Processes; *Conflict Resolution; Problem Solving; *Research Problems; *Suicide

ABSTRACT

Although over 5,000 children and adolescents commit suicide annually, little is known about suicidal thinking of normal children. Due to ethical considerations, researchers must be sensitive to the possibility that they could introduce suicide as an option to a child. A methodology was developed to examine suicidal thinking through projected suicide ideation. Children (N=1,303) between the ages of 3 and 19 were asked to identify three things they believed a character in a scenario would be thinking about doing. Eighteen scenarios were used which varied according to age and sex of the character, and their adverse life situation (cancer victim, in trouble with the law and at home, accident victim). The results indicated that children entering sixth grade spontaneously identified suicide as an option for the character. In a follow-up study, 285 adolescents completed the scenario activity and were then asked whether they had ever attempted or thought about any of the responses they projected onto the scenario character. The results indicated that 65 percent of these adolescents projected suicide as an option for the scenario character, 54 percent of these suicide projectors reported having thought about suicide, and 4 percent of suicide projectors (N=11) had actually attempted suicide themselves.
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Children's Suicidal Thinking: An Empirical Inquiry

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Abstract

Little is known concerning suicidal thinking of normal children. Due to ethical considerations, researchers must be extremely sensitive to the possibility that they could introduce suicide as an option to a child. Therefore, a methodology was developed to examine suicidal thinking through projected suicidal ideation. The method involved the use of one of three scenarios which described a person in an adverse life circumstance. The children were asked to identify three things they believed the character would be thinking about doing. It was found, based on a sample of 1303 children and adolescents, that children entering the sixth grade spontaneously identified suicide as an option the character was considering. In a follow-up study using 285 adolescents it was found that 54% of the subjects projected suicide, 4% of these suicide projectors reported having made suicide attempts.

Children's Suicidal Thinking: An Empirical Inquiry¹

Suicide is one of the least understood human behaviors. Theories, statistics, and speculations abound concerning what suicide is, why it occurs, and who is at risk; yet, we have few unequivocal answers for any of these questions. An area of particular concern is our almost total ignorance regarding the rate of and factors associated with suicidal thinking and suicidal behavior among young children.

Each year over 5000 children and teenagers commit suicide. Suicide is now the second leading cause of death for youths 15-18. Suicide rates for children have never been higher. During the past three decades suicide rates for youth have increased over 300 percent (NIMH, 1985). Given the importance of children's suicide it is tragic that we have allowed a number of misconceptions to develop concerning its occurrence. One of the areas of misunderstanding relates to how researchers typically define suicide.

Intentionality is a key element of most definitions of suicide (Shneidman, 1976). That is, the person must have intended to take his/her own life or at least must have purposely put himself in mortal danger, in order for his behavior to be classified as suicidal.

Given this framework a necessary precursor of suicide must be a person's contemplation of suicide or her/his voluntary engagement in high risk behavior that is initiated so that significant harm may result.

One of the areas where a great deal of controversy exists in regard to intentionality is in relationship to auto-lethal behavior of children. Young children have a number of misconceptions concerning death: it is simply a temporary separation, it is reversible, it is denied, it is only accepted figuratively, etc. (Ausubel and Sullivan, 1970). Whether a child's misconceptions concerning death are a function of level of cognitive development (Koocher, 1973) or defense mechanisms (Orbach and Glaubman, 1978), does not matter as much as the fact that his/her misconceptions may interact with an at-risk life situation so as to increase suicide potential. If a child views death as a temporary sleep or rest, then auto-lethal behavior may appear to be a viable alternative to the child. Whether the child truly intended to end her/his life the final result is the same---the child is dead. Therefore, arguments that children cannot commit suicide because they lack intentionality are dangerous because they lead people away from seeing potential suicide risk in children (Maris, 1981).

Another area where confusion exists regarding children's suicidal risk is our lack of understanding of depression in children. Our lack of recognition of depression in children also hinders us from recognizing suicidal potential in children since depression is a major precursor of suicide. Toolan (1975) defines depression as "reaction to loss, either of an object or a state of well-being, with the resultant feeling of diminished self-esteem and happiness" (p. 341). Nothing in this definition excludes children from becoming depressed, yet mental health professionals have tended to deny depression in children in the past.

It has only been in the past 20 years in which we have come to accept the concept that children under nine years can be depressed (Toolan, 1981). Prior to the 1960's it was generally accepted that there could be no depression in children because depression is a superego phenomenon, and children were not seen as having a sufficiently well-developed superego (Rochlin, 1959). Our lack of recognition that children can become depressed, like arguments that children lack intentionality in regard to self-destructive behavior, is important because it leads to our not appreciating the potential for suicide in our children.

A further example of our lack of recognition of depression in children relates to psychiatric diagnosis. Neither DSM I nor DSM II even mention the subject of childhood depression. The most recent edition of the Diagnostic and Statistical Manual for Mental Disorders only discusses depression in children in the adult section of the manual, with no recognition as a separate category in the children's disorders section. Again, this is important because depression is a major precursor of suicide. If we do not recognize depression in children we are likely to underestimate their degrees of suicidal risk.

A number of other factors combine to lead us to underestimate suicidal risk in children. Not the least of these are researchers who, because the officially recognized suicide rates per 100,000 children are relatively low, tend to ignore the problem of children's suicide. For example, Shneidman (1976) states "... suicide rates for children under age 10 are negligible." Low yes, but negligible? Other factors related to our lack of cognizance of children's suicide include, but by no means are limited to: our general abhorrence of suicide and our particular desire to disavow children's suicide; the association between

children's suicide and child abuse, and parent's desire to cover up the occurrence of child abuse; the lowered probability of forensic involvement in the event of a child's "accidental" death; the fact that due to the size of most policies, insurance carriers less often investigate the cause of a child's death; and, the general difficulty of discriminating between childhood accidents and suicide.

The purpose of the research reported in this paper was to explore a methodology which would have applicability to increasing our understanding of children's thinking concerning suicide. A premise which served as a rationale for the research was that insight into suicidal thinking could be gained through an examination of the thoughts and ideas one projects onto a person experiencing adverse life circumstances. Basically, we developed a methodology through which we were able to determine at what ages and in what numbers children verbally report suicide as an option when they think about a person confronted with negative life circumstances.

There are a number of practical and ethical complications in relationship to research on children's thinking regarding suicide. The researchers were sensitive to the possibility that interviews with children, where they would be directly questioned concerning their

opinions related to suicide might lead to a situation where we introduce the concept of suicide as an option to the child. Therefore, a more indirect assessment approach was decided upon. This assessment approach utilized stories where the primary character was confronting an adverse life circumstance. The subject was then asked to indicate three things the character might be thinking about doing. If the subject projected suicidal ideation onto the character's thinking, it is assumed that suicide as a potential option is part of the subject's conceptual system. If the subject does not project suicidal ideation onto the character a contrary assumption can not be made. Still, to know at what age children begin to project suicidal ideation provides us a minimum base as to when suicide is part of children's conceptual system and this is considered to be valuable information by the authors. Furthermore, as discussed later, the methodology also provided an entree by which children could be more directly questioned regarding their personal experience of suicidal thinking while avoiding the problem of introducing suicide as an option for them.

Previous research regarding the usefulness of the proposed methodology for eliciting projected suicidal ideation had been undertaken by Bailey and Hernandez

(1982). In testing 286 college students they found that 59% of the subjects projected suicidal ideation.

Study I

The following research was designed to provide clarification, and extension of the Bailey and Hernandez (1982) findings. That is, the study was designed to provide information concerning the degree to which the earlier findings would generalize to a younger age group of respondents, and the degree to which and the ages at which they would project suicidal ideation. The data for Study I were drawn from the work of Bailey (1984), Holmes and Bailey (1984), and Holmes (1983).

Method

Subjects

The subject population consisted of 1303 children, ages three through nineteen. The subjects were approximately equally divided according to sex and grade (pre-school, kindergarten, 1-12). Approximately 20% of the subjects were Black, 75% were Anglo and 5% were Hispanic.

Each subject responded to one of eighteen scenarios which described a person in an adverse life circumstance. The 18 stories varied by character sex, stressful life event (cancer victim, in trouble with the

law and at home, or accident victim) and character age (same age as the subject, teenage or elderly). The scenarios and procedures were identical to those reported by Bailey and Hernandez (1982) and Bailey (1984).

Results and Discussions

The data from the very young children provided a number of indications that children as young as five are aware that persons in adverse life circumstances will consider engaging in self-destructive, if not auto-lethal, behavior. For example, one five-year-old pre-school girl after hearing a scenario responded, "She's gonna go home and poke her eyes out." However, direct communications of suicidal projections did not occur prior to seven years of age. The percent of children projecting suicide ranged from 0% in the first grade to 51% in twelfth grade for those who were exposed to an oral administration procedure. For children in grades 6-12 who responded via a written format the rates of projection ranged from 20% in the sixth grade to 68% in the twelfth grade.

In order to control for variance caused by the type of administration procedure, the following statistics are based on analyses of the 855 children who responded to the oral administration procedure. The overall

12 X 2 chi-square statistic for grades by suicide projection was significant χ^2 (11, N=855) = 189.6, $p < .01$. Additionally, two significant increases for between grade comparisons were revealed. These increases occurred between the fifth and sixth grades χ^2 (1, N=130) = 6.3, $p < .05$ and between the eighth and ninth grades χ^2 (1, N=136) = 6.3, $p < .05$.

For the first time we have empirical data which allows us to determine some basic parameters regarding suicidal thinking in normal populations of children and teens. We know that our data underestimates the level and frequency of this thinking in some cases. However, in others it provides a clear indicator concerning communities at risk. For example, data from one rural community revealed that all female subjects tested projected suicidal ideation. This same community was subsequently the site of a higher than predictable number of the suicide attempts by high school females (L. Kline, Personal Communication, October 18, 1984).

The data provide an empirical base which leaves no doubt that children view suicide as a conceptual option subsequent to entering the sixth grade. We are directed via these data, and the fact that a number of the victims during suicide epidemics are 10 years of age, to include children from the sixth grade upward

in our suicide prevention programs.

The fact that our youngest suicide projector was seven years old does not indicate that children below this age are not at suicide risk. The literature includes a number of references to children under five who have completed suicide. Furthermore, children as young as three have been reported to have engaged in lethal self-destructive acts (Jason, 1983).

Study 2

Study 2 is based on the work of Bailey (1984) and Schmidt, Bailey and Lackey (1984). Study 2 was designed to provide a follow-up and extension of Study 1. Our key concern was to develop an initial data base which would allow us to determine in what numbers and at what ages adolescents reported personally considering suicide. As previously described, we wished to avoid the ethical issues related to directly questioning children regarding suicidal thinking. So instead, we developed an indirect approach which provided information concerning suicidal thinking, but which allowed us to maintain a maximum of respondent choice, anonymity and privacy. Further, our method provided a format whereby the subjects were questioned concerning suicidal thinking only if they first spontaneously brought up the subject of suicide through their response to the

methodology described under Study 1.

Method

Subjects

The subject population consisted of 285 adolescents from three independent samples. Sample one was composed of 119 students from an urban high school in Houston, Texas, sample two contained 98 students from a rural high school, in Lufkin, Texas and sample three consisted of 68 students from a mixed urban/rural high school in Wallis, Texas. The subjects were approximately equally distributed by sex, grade (10-12) and urban versus rural residence.

Procedure

All subjects were informed that their participation was to be voluntary, anonymous and confidential. If they did not wish to participate alternative activities were available. They were given a general introduction to the research methodology. However, this introduction did not include mention of the term or concept of suicide. Instead, they were presented with a concrete description of the methods and they were told that we were interested in their ideas about how people in adverse life circumstances felt. They were further informed that their responses would become part of a research data set but they were guaranteed that their

individual responses would be held confidential and anonymous. The first page of the questionnaires contained blanks for the students to record their sex, age, race, grade and school. These were followed by one of eighteen different scenarios portraying a fictitious character who was experiencing adverse life circumstances. The scenarios varied by the age (same, teen, elderly), sex and circumstances of the character they described. Following the scenario the subject was asked "What are three things (Sue/Rich/Mrs. Johnson) might be thinking about doing?" This procedure provided data on projected suicidal ideation in the same manner as that employed by Bailey and Hernandez (1982) and Bailey (1984). The second and third pages consisted of a follow-up to the above methodology which was designed to extend our knowledge of the responses projected, especially suicidal ideation. In the follow-up subjects were asked if they had ever attempted or thought about any of the responses they projected onto the scenario characters. The subjects were also asked to list the age (s) and briefly describe the circumstances of any such thoughts or behaviors.

Results and Discussion

Sixty-five percent of the subjects projected

suicidal ideation onto the scenario character. The subjects projected suicide at approximately the same rates by grade and sex. Fifty-four percent of the suicide projectors reported that they had personally thought about suicide, and eleven of these (4%) reported that they had attempted it.

The results obtained from analysis of the projected suicide data are consistent with those from past studies (Bailey, 1984). The suicide projection rate for any given group of high school students seems to average around 60%. Further, while there is a slight increase in suicidal projection as one goes from 10th to 11th to 12th grade, the amount of increase is only of borderline significance. This contrasts to the significant increases found between earlier grades in Study 1. This indicates that there are certain social or developmental circumstances which cause significant increases in suicidal projections as one goes from fifth to sixth grade and again as one goes from eighth to ninth grade. However, from ninth grade on there is less of a radical shift in projected suicide and more of a simple upward trend.

Students who projected suicide also tended to project additional ineffective responses onto the scenario characters. It appears that students who view

a person in troubled circumstances as considering suicide feel that the character will select other ineffective coping strategies as well.

The fact that escape was the most common ineffective response projected (other than suicide) is not surprising, as suicide itself may be viewed as a special and permanent type of escape (Getz, Allen, Meyers, and Lindner, 1983, p. 9). The effective response most often projected was appealing to help from friends - obviously adolescents rely heavily on their peer networks for support.

More than half (55%) of the adolescents who projected suicide reported personally considering it on the follow-up survey, and eleven reported personal suicide attempts. Thus, although those who projected suicide did not unanimously report considering it, the scenarios provided an entree for the subject's discussion of their own suicidal thoughts and behaviors.

Comparisons between subjects according to sex showed significant differences. Twice as many females reported considering suicide, a finding consistent with their known differential attempt rates (Shneidman, 1976). The data also suggest that females were less reluctant to report circumstances associated with their suicidal thinking.

Given the small sample of suicidal behavior (11 cases) caution must be used interpreting findings according to this variable. Still, seven of the attempts were made by males, and the attempts were almost equally divided among grades. Eight of the persons who reported attempting suicide indicated that they had been involved in multiple attempts. The majority of attempters reported frequently considering suicide as well.

The most common circumstance which the adolescents reported being associated with their suicidal thinking was personal-emotional problems. The second most frequent precursor of suicidal thinking was family problems. When looking at the type of personal-emotional problems reported the specific problem mentioned most frequently was depression. This finding is congruent with the cause most frequently associated with adult suicides (Sainsbury, 1972). An example of the subjects's depressive thinking was one twelfth grade girl who stated, "Well, one reason is I thought that I had no reason to live. I felt like no one cared or loved me, and I had no reason to be on the face of this earth." She indicated later that these feelings had been most acute when she was in the sixth grade.

Although some recent improvements of suicide screening, assessment and intervention procedures have

been made (Fish and Waldhart-Letzel, 1981; Peck, 1982), many of these procedures are still based on heuristics generated from broad research findings and clinical experience with psychiatric and "crisis" clients. The validity of these procedures may therefore be lacking when they are applied to suicidal adolescents from otherwise "normal" backgrounds.

The preceding research is not intended to promote any one empirical assessment procedure for adolescent suicide risk, but rather to demonstrate how information concerning suicidal thinking of normal adolescents may be gathered unobtrusively. With this information, human services providers may become sensitized to the special concerns of adolescents in their local areas. This can help the providers to improve suicide prevention procedures by focusing on solutions targeted to the unique client populations in their catchment area.

Some adolescents with no obvious reasons to desire their own deaths end their lives in a sudden manner, to the surprise of all concerned. This apparent suddenness is usually the combined result of inadequate information among those acquainted with the suicidal person and the person's tendency to verbally deny that he or she has a problem, even while making nonverbal suggestions to the contrary. General heuristics do not

provide us answers to which particular children are at risk. The hodgepodge of allegedly important variables which are introduced in the literature as important for determining suicidal risk are of value in looking at clinical populations, but they are often of limited value in determining suicide risk of children and adolescents in the normal population.

This study was conceived not to produce generalities, but to demonstrate how more useful knowledge may be gained by the study of the suicidal thoughts and behaviors of adolescents who are functioning at more or less acceptable levels in society. Our current data base, while valuable and worthy of communication, is still looked upon as preliminary in nature. As stated earlier the data clearly show that children consider suicide at a much younger age, (two percent of the subjects indicated they had thought about suicide prior to entering school or while in kindergarten), than most persons would predict. Also, the number of adolescents who reported thinking about suicide (55% of those who projected) was larger than one might assume. Finally, the fact that four percent of the projectors reported attempting suicide is a shocking statistic which has significance for persons interested in suicide prevention.

FOOTNOTES

1. The research was supported by a grant from the Hogg Foundation for Mental Health.

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